

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	ADDED		ADDED		ADDED	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
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28						
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30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42	1					
43		1				
44	0					
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	0					
TOTAL CLAIMS	3					

	ADDED		ADDED		ADDED	
	IND	DEP	IND	DEP	IND	DEP
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						